SHOULDER INJURIES

BACKGROUND INFO
- When athlete complains of shoulder pain be sure to also have them checked for neck injury!
- Shoulder pain may also be caused by pain from the wrist, elbow, or abdominal injuries
- Proper history must be taken
- In addition to shoulder exam, the medical provider will perform thorough neck, elbow, and wrist exams.

TYPES OF INJURIES

I. Rotator Cuff Impingement
Results from pressure exerted on the rotator cuff from scapula as the arm is lifted
Signs:
- Generalized pain or weakness on abduction (arm moves away from body)
Evaluation:
- Thorough physical exam
- May do x-ray and/or MRI
Treatment:
- Reduce pain through rest, ice, and anti-inflammatories
- Reduce overhead activities
- Review biomechanics
- Physical therapy helps 60-90%

II. AC Separation
Injury to acromioclavicular joint
- Grade I-sprain of AC ligament
- Grade II-tear of AC ligament
- Due to falling on outstretched arm or direct blow to shoulder
Signs:
- Pain, swelling and tenderness over the AC joint
- Limited range of motion and bump or step deformity between acromion and clavicle
Evaluation:
- X-ray to grade injury

Treatment:
- Grade 1, 2, 3-conservative treatment with rest from overhead activities, rest, ice, pain medication
- Grade 3-possible surgical repair
- Grade 4, 5, 6-surgery
- Avoid heavy lifting and contact for 8-12 weeks, earlier depending on symptoms and medical opinion

III. Shoulder Dislocation
Most commonly dislocated joint in the body.
- 90% dislocate anteriorly

IV. Labrum Injury
To compensate for shallow socket, the shoulder joint has a cuff of cartilage to make it deeper and stabilize it
Signs:
- Aching sensation
- Catching movement
- Pain or “clunk” with specific activities
Evaluation:
- Physical exam
- May need MRI Arthrogram
Treatment:
- Rehabilitation with physical therapy
- Surgery

Return To Play and Prevention Guidelines

Can return when:
- Pain eliminated
- Shoulder has normal range of motion during sport activities
- Strength testing >90% of non-injured shoulder
Prevention:
- Learn proper stretching and warm up routines

Can return when:
- Learn proper biomechanics of overhead activity
- Perform strengthening program that emphasizes scapular and rotator cuff stabilization
- Maintain range of motion, pay attention to shoulder internal rotation, which can be limited by increased posterior capsular tightness

Tips:
- Multi-directional training and sport-specific activities to prevent future shoulder injuries
- Increase trunk and lower extremity strength
- Rehab dislocations slowly due to 90% risk of repeat dislocation